REQUIRED TITERS, IMMUNIZATIONS and PHYSICAL EXAMINATION
School of Nursing: MSN, DNP and FONU Students

Please enter all immunization data within LOCUS as outlined in the “Entering Immunization Data in LOCUS” training guide posted to the SON site. Once all information has been submitted for verification, please mail, fax, or drop off the hard-copy completed immunization form with the NP/MD signature regarding physical examination, and lab reports verifying immunity, to: Wellness Center, 6439 N Sheridan Rd, Suite 310, Chicago, Illinois 60626, Fax: (773) 508-2505, Phone: (773) 508-2530

REQUIRED TITERS

MEASLES (RUBEOLA)
Lab test proving immunity: titer

MUMPS
Lab test proving immunity: titer

RUBELLA (GERMAN MEASLES)
Lab test proving immunity: titer

*If the titer result of measles, mumps, or rubella is negative a MMR booster is required. If a student is enrolled in 7 or more credit hours, and has a negative measles titer, the student must receive 2 MMR boosters OR 1 MMR booster followed by a positive titer.

MMR BOOSTER

VARCELLA (CHICKEN POX)
Lab test proving immunity: titer

If titer is negative, 2-dose vaccination required

TITER OR PROOF OF IMMUNIZATION

HEPATITIS B

OR Lab test providing immunity: titer

NOTE: LUC ID NUMBER MUST BE LISTED; FORMS WITHOUT LUC ID NUMBER WILL NOT BE REVIEWED. The student LUC ID number is located in LOCUS, in the Student Center.
OTHER REQUIRED DOCUMENTATION

TUBERCULOSIS SCREEN
☐ PPD OR ☐ QuantiFERON®-TB Gold test (QFT-G)

Please check box to indicate test. If ppd or Quantiferon Gold test is positive, a CXR and additional follow-up with the School of Nursing is required.

TD (TETANUS/DIPHTHERIA) OR TDAP (TETANUS/DIPHTHERIA/PERTUSSIS)
*Booster needed every 10 years

Domestic Students:
Must be within ten years of the booster date. __________ / __________ / __________

International students:
Must have a series of three tetanus shots. One shot must be within 10 years. The 1st and 2nd vaccine must be at least 28 days apart, and the 2nd and 3rd vaccine or the booster must be at least 6 months apart.

_____/_____/_____       _____/_____/_____      _____/_____/_____

MD/NP Physical Health Examination and verification of Immunization Information

Name of Provider: ____________________________________________________________________________________

Signature/Title of Provider: ____________________________________________________________________________

Address __________________________ Phone __________________________

Date of most recent Physical Health Examination: _________________________________________________________

Required Immunization Information Instructions

• This document must be completed and returned, in accordance with state legislation, the Illinois Department of Public Health, and School of Nursing clinical contract/affiliation agreements
• This requirement applies to all newly admitted students, including new graduate students, readmitted students, and transfer students
• All immunization information must be submitted by the due dates posted or registration for further courses will be BLOCKED
• A health care provider should complete and sign this form. Alternatively, military records or immunization records signed by a healthcare provider can be submitted. State issued records are also accepted. Records must include a healthcare provider signature. Please submit all supporting documents of vaccines and titers.
• All dates must include month/day/year
• All records not in English must be accompanied by a certified translation
• Exemptions: For more information call the School of Nursing at 708-216-9101
  • The following exemptions must be accompanied by statements accompanying this record
    • Medical contraindications including a signed and dated statement from a healthcare provider, citing the vaccine(s) contraindicated and duration or medical condition that contraindicates the vaccine(s)
    • Religious exemption: a signed statement by the student describing the objection to the immunization based on bona fide religious tenets or practice
    • Pregnancy or suspected pregnancy: a signed statement, stating that the student is pregnant or pregnancy is suspected and length of exemption
    • Anyone with a vaccine exemption may be excluded from the university in an event or an outbreak

• Please keep a copy of this form for your records or in the event it is not received by the Wellness Center.

Updated 8/25/14 by the Wellness Center